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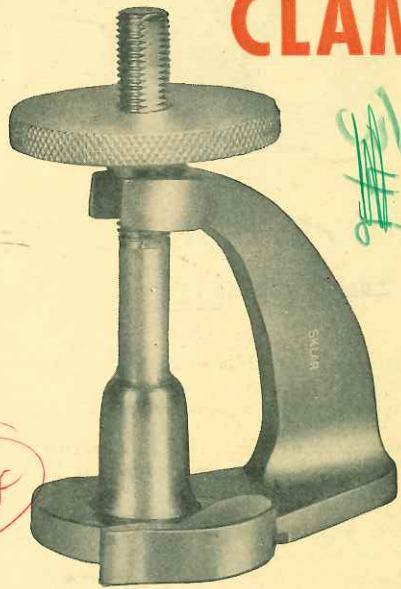
Dr. Lindsey's CIRCUMCISION CLAMP



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DESCRIBING A NEW AND IMPROVED METHOD OF CIRCUMCISION

The Lindsey Circumcision Clamp enables the surgeon to perform a neat, uniformly controlled, bloodless circumcision, with ease and dispatch—and with a lack of pain, simple post-operative care, and a marked reduction of hazards of infection.

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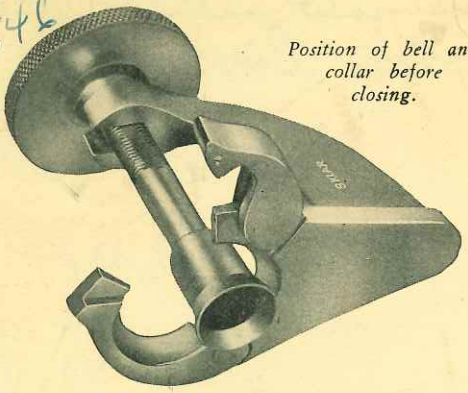


Position of bell and collar before closing.

A new and improved method of circumcision

The technique described here is especially recommended for use on male infants from one week to six months of age. The clamps are made in three sizes, infant, child, adult.

Instruments necessary are: The Lindsey circumcision clamp, a pair of scissors, a blunt probe, two pairs of Halstead mosquito forceps, and a scalpel.

The patient may be given a small dose of a barbiturate but no other effort is made to ease pain except perhaps a sugar teat. The baby is placed on a flat surface. The nurse or attendant stands at the baby's head and reaching over it holds both legs in extreme abduction. The penis and surrounding area are washed thoroughly with soap and water, dried, and painted with an antiseptic solution.

One of the mosquito forceps is used to dilate the prepuce. This forcep is now thrust, while closed, between the prepuce and the middorsum of the glans, opened, and withdrawn. A pair of mosquito forceps are now placed firmly on the prepuce on either side of the middorsel line. These forceps are to remain in place until the circumcision clamp is applied and tightened. With the scissors a slit is made between these two forceps, thus no bleeding. The foreskin is now peeled back of the glans with the blunt probe using the mosquito forceps as

a means of control. The foreskin is carried entirely back behind the corona glandis. The smegma should be removed and soap and water again used to wash the area. The bell from the clamp is now placed over the glans and the prepuce drawn up over the bell.

Holding both forceps and the shaft in one hand the collar of the clamp is now applied and locked around the bell. The collar should be applied to the prepuce very close to the tip of the mosquito forceps since this is the "landmark" which was applied before anything was disturbed. The top nut is now tightened to apply pressure on the prepuce all around. The mosquito forceps are removed after pressure has been applied. Care must be taken at this point not to apply too great a pressure at once or the prepuce will be cut prematurely. Ample time (10 minutes) is allowed for coagulation to take place. After the clamp has been allowed to remain ten minutes a scalpel is laid flat across the top surface of the collar and is carried around and around the prepuce cutting through to the surface of the bell all around just distal to the ring of pressure. The severed prepuce is then removed.

It is advisable to apply an antiseptic solution to the cut surface of the prepuce although it is generally not necessary as no cut blood or lymph vessels are exposed. The top nut is then released about one turn, the lock of the collar is opened, and the collar removed, leaving the prepuce crimped over the flared edge of the bell. This is gently wiped loose with a piece of gauze and the job is finished.

If the mosquito forceps are properly placed in the beginning the remaining prepuce should lie well up on the glans slightly more than halfway to the tip.

The post operative treatment consists merely in keeping a clean cloth inside the diaper after each voiding and daily applications of some mild, non-irritating antiseptic, other than an oil or salve.

Advantages of this method

NEATNESS AND UNIFORMITY: By the Lindsey Method the surgeon avoids getting too much prepuce or cutting it short on one side. He also avoids getting too much mucosa and too little skin, or vice versa, thus avoiding making an irregular circumcision.

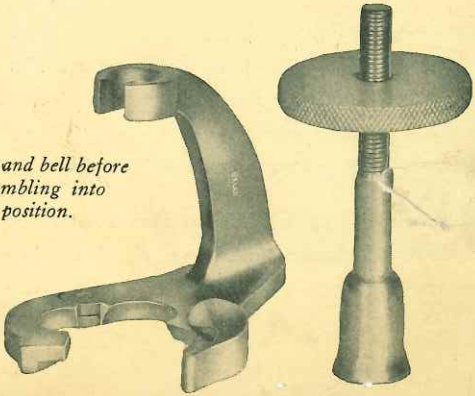
EASE OF OPERATION: The technique down to and including the clearing back of the prepuce is similar to most approved methods of circumcision. But in this method, the fact that *the clamp collar can be laid around the bell,* avoids the

necessity of removing the "land mark" haemostats, and teasing the prepuce and bell up through a hole not much bigger than the bell itself. This not only prevents the necessity of disturbing the relation between skin and mucosa but also prevents the spill of blood which would occur if the clamp were removed. After the circumcision clamp is applied the operator may attend other matters in and about his office while the nurse holds the baby.

COMPARATIVE LACK OF PAIN: The only painful points are when each of the mosquito forceps is applied and when pressure is first made with the Lindsey clamp. Experience indicates the babies complain and fret much less than with other methods.

CHANCE OF INFECTION REDUCED: The only blood that can be spilled is that contained in the prepuce distal to the clamp at the time of application of the clamp. Since all cut surfaces are either distal to, or between clamps and remain so, there are no open blood vessels or lymph vessels. Therefore, the chance of infection is practically nil. Other methods lack this advantage.

SIMPLE POST OPERATIVE CARE: No sutures are used, therefore the swelling is practically eliminated as is fretting from pain. Since the rim of compression is narrow the area of slough is negligible, causing very little drainage. The clamp is left applied tightly for ten full minutes to guard against any later bleeding. The mother is told to paint the area with an aquous or alcoholic antiseptic daily and lay a piece of gauze inside the diaper. The wound is practically healed when the baby is taken from the office.



Collar and bell before assembling into position.

Certain cautions should be carefully observed

Always get a clotting and bleeding time before operation.

Don't get too much prepuce.

As with any clamp method there will be an occasional case (perhaps one in twenty) in which the scar will contract down to form a phimosis. In this case novacain infiltration may be used and four radial cuts made through the scar. The mother should be instructed to pull the prepuce well back daily.

There is always the threat that occasionally bleeding occurs. This may begin as an insignificant ooze followed by the over zealous efforts of some practical nurse or mother causing separation of the cut surfaces and thus bring about serious bleeding. If the proper caution is taken and bleeding still occurs sutures should be applied as in any other form of circumcision. This is unusual.

If this method with a larger instrument is used on older children or even adults sutures should be carefully placed as soon as the clamp is removed and the dependence should not be placed on the crushing for hemostasis. All the other advantages of this technique would still be obtained.

Whenever the prepuce is thicker than usual either from fat or thick skin, sutures should be placed for hemostatis as soon as the clamp is removed. This might occur even in new borns.

PRICES

INFANT SIZE	$13.50
CHILD SIZE	$13.50
ADULT SIZE	$13.50

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